

Part-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: ROUNDS First Name: PERCY

ID #: 2010 - 0108113 Div.: 10 Living Unit: 3-A Date: 1 / 13 / 11

BRIEF SUMMARY OF THE COMPLAINT: I HAVE BEEN COMPLAINING
WITH MEDICAL REQUEST SLIPS & GRIEVANCES SINCE
JUNE 6 2010. THE PROBLEM STILL PERSIST. I HAVE A
BROKEN TOOTH AND A LOT OF NIGHTS I STAY AWAKE
IN PAIN. I WAS SEEN BY THE DENTIST AND ONE TOOTH
WAS REMOVED 6/30/10 I WAS THEN RESCHEDULED FOR
7/7/10 WHICH ANOTHER TOOTH WAS REMOVED. THE DENTIST
DEPT THEN SCHEDULED ME FOR AN APPOINTMENT 8/18/10
WHICH I WAS NEVER SEEN. I FEEL I'VE BEEN PUT OFF
& PUT OFF ON THIS ISSUE. I CAN EVEN CHEW MOST OF
THE TIME IT HURTS SO BAD

MRS FREEMAN / THE MEDICAL DEPT. VIA MEDICAL REQUEST SLIPS
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

TO BE SEEN BY THE DENTIST
ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Percy Rounds

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: _____ / _____ / _____

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE.

Detainee's Last Name: McNair First Name: Robert ID# 200 - 000003

Is This Grievance An Emergency? YES ☐ NO ☒

C.R.W.'S Summary Of The Complaint: Detainee alleged being denied medical

C.R.W. Referred Griev. To: Detainee Date Referred: 1/13/11

Response Statement: Detainee appt. on 2/15/11

(print - name of individual responding to this griev.) (signature of individual responding to this griev.) Date: 1/24/11 Div./Dept. CIT

(print - name of Supt. Designee Dept. Admin.) (signature of Supt. Designee Dept. Admin.) Date: 1/28/11 Div./Dept. TEU

(print - name of Prog. Serv. Admin. Asst. Admin.) (signature of Prog. Serv. Admin. Asst. Admin.) Date: 1/24/11 (N)

Date Detainee Received Response: 1/28/11 Detainee Signature: _____

REQUEST FOR AN APPEAL

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: / /

Detainee's Basis For An Appeal: _____

Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator: _____

Appeal Board's Signatures / Dates: _____

Date Detainee Rec'd the Appl. Bd.'s Response: / / Detainee Signature: _____

GRIEVANCE CODE(S): () () () ()

(WHITE COPY - HONG SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

Part-A / Control #: 2010 X 1579
Referred To: Cermak
☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS
DETAINEE GRIEVANCE page 1 of 2

Detainee Last Name: ROUND First Name: KEVIN

ID #: 5-1-11 Div.: 1 Living Unit: 1 Date: 6/1/10

BRIEF SUMMARY OF THE COMPLAINT: I was

referred to the

TO the

disciplinary hearing

and I was

found guilty

of the same offense

that I was

not given the opportunity

to be heard by the

disciplinary hearing board

and I am requesting

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C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Rounds First Name: Percy ID#: 2010-0108113Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges lack of dental attentionC.R.W. Referred Griev. To: Cermak Date Referred: 6/16/10Response Statement: Patient was scheduled for 6/23/10.

Smith (print - name of individual responding to this griev.) Smith (signature of individual responding to this griev.) Date: 6/30/10 Div./Dept. CMS

V. Martinez (print - name of Supt. / Designee / Dept. Admin.) V. Martinez (signature of Supt. / Designee / Dept. Admin.) Date: 1/07/10 Div./Dept. 10

J. Mueller (print - name of Prog. Serv. Admin./ Asst. Admin.) J. Mueller (signature of Prog. Serv. Admin./ Asst. Admin.) Date: 7/1/10

Date Detainee Received Response: 7/1/10 Detainee Signature: Percy Rounds**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 7/8/10Detainee's Basis For An Appeal: all have a broken toothAppeal Board's Acceptance Of Detainee's Request: YES ☒ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

His attorney is aware that detainee's ongoing issues are or have been addressed appropriately.

Appeal Board's Signatures / Dates:

[Signature] [Signature] 09/30/10

Date Detainee Rec.'d the Appl. Bd.'s Response: / / Detainee Signature:

GRIEVANCE CODE(S): () () () ()

Part-A / Control # 2010 X1709

Referred To: Cermak

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COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: ROUNDS First Name: PERCY
ID #: 2010-0108113 Div.: 10 Living Unit: 3-A Date: 6/25/12

BRIEF SUMMARY OF THE COMPLAINT: 3RD GRIEVANCE. I
HAVE A CHIPPED TOOTH AND IT'S CUTTING
THE INSIDE OF MY JAW NOW IT HAS A ABCESS
ON IT TOO. I HAVE SENT 5 OR MORE MEDICAL
REPORT REQUEST SLIPS SINCE FEB STILL NOTHING
HAS BEEN DONE.

SOCIAL WORKER GRAM + MED CLINIC
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
GETTING TO THE DENTIST
ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Percy Rounds

C.R.W.'S SIGNATURE: L. Graham

DATE C.R.W. RECEIVED: 6/28/10

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Rounds First Name: Percy ID# 2010-0108113Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges a lack of dental attentionC.R.W. Referred Griev. To: Carmack Date Referred: 6/28/10Response Statement: Seen 6/30/10 - Dental scheduled for 7/7/10.

Smith (print - name of individual responding to this griev.) Smith (signature of individual responding to this griev.) Date: 7/29/10 Div./Dept. CHP

Capt. C. Plante (print - name of Supt. / Designee / Dept. Admin.) Capt. C. Plante (signature of Supt. / Designee / Dept. Admin.) Date: 07/26/10 Div./Dept. TEX

J. Mueller (print - name of Prog. Serv. Admin. / Asst. Admin.) J. Mueller (signature of Prog. Serv. Admin. / Asst. Admin.) Date: 7/20/10 (N)

Date Detainee Received Response: 7/12/10 Detainee Signature: [Signature]**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 7/1/10Detainee's Basis For An Appeal: The detainee feels that the dental services provided were not adequate and that the dental services were not provided in a timely manner.Appeal Board's Acceptance Of Detainee's Request: YES ☒ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

CHS advised, please ensure that detainee's ongoing issues have been addressed appropriately.Appeal Board's Signatures / Dates: [Signature] [Signature] 07/30/10Date Detainee Rec'd the Appl. Bd.'s Response: 7/1/10 Detainee Signature: [Signature]

GRIEVANCE CODE(S): () () () ()

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

Part A Control #: 3010 X 1767Referred To: CORRECTIONS☐ Processed as a request

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: ROUNDS First Name: PERCY

ID #: 3010-0108113 Div.: 10 Living Unit: 3-A Date: 6/30/2010

BRIEF SUMMARY OF THE COMPLAINT: 4TH GRIEVANCE. I HAVE BEEN PUTTING IN MEDICAL REQUEST slip SINCE FEB 2010 TO THE DENTIST DEPT. STILL UNTIL THIS DAY 6-30-2010 NOTHING HAS BEEN DONE. I HAVE A BROKEN TOOTH THAT'S CAUSING ME GREAT PAIN. SOME TIMES IT KEEPS ME UP ALL NIGHT. THEN I HAVE ANOTHER TOOTH THAT HAS AN ABCESS IN MY JUMS. I WAS PRESCRIBED ANTIBIOTICS BUT IT WAS STOPPED TWO MONTHS AGO. IT HAS SINCE RETURNED AND I ~~WAS~~ WAS TOLD IF THE ABCESS BURST AND I HADEN TO SWALLOW THE INFECTION IT COULD CAUSE ME TO BECOME VERY ILL.

MEDICAL clinic & SOCIAL WORKER MS GRAM
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

TO BE SEEN BY A DENTIST.
ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Percy Rounds

C.R.W.'S SIGNATURE: LK Graham

DATE C.R.W. RECEIVED: 7/1/10

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Rounds First Name: Percy ID#: 2010-0108113Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges a lack ofdental attentionC.R.W. Referred Griev. To: Cerniak Date Referred: 7/7/10**Response Statement:**App't 6/16/10 - Rescheduled, App't 6/23/10, seen 6/30/10, app't 7/7/10

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 7/20/10 Div./Dept. CHS

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 07/26/10 Div./Dept. TEA

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 7/20/10 (N)Date Detainee Received Response: 7/20/10 Detainee Signature: [Signature]**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 7/20/10Detainee's Basis For An Appeal: CHS admin. please ensure that detainee's ongoing issues arebeing addressed appropriately.Appeal Board's Acceptance Of Detainee's Request: YES ☒ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

CHS admin. please ensure that detainee's ongoing issues are
being addressed appropriately.

Appeal Board's Signatures / Dates:

[Signature] [Signature] 07/30/10Date Detainee Rec.'d the Appl. Bd.'s Response: 7/30/10 Detainee Signature: [Signature]

GRIEVANCE CODE(S): () () () ()

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Referred To: Cookin☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: ROUNDS First Name: TERCY

ID #: SC10 - 108113 Div.: 10 Living Unit: 3-A Date: 7/16/10

BRIEF SUMMARY OF THE COMPLAINT: I HAVE BEEN TRYING TO GET TO THE DENTIST SINCE FEB. I PUT AN MEDICAL REQUEST SLIP'S TIME AND TIME AGAIN. ARE THOSE SLIP'S KEPT IN MY FILE OR ARE THEY DESTROYED THROWN IN THE BARDATIER'S ONE THING. IT'S TAKING THE DENTIST DEPT TO LONG TO SEE ME. I WROTE MY FIRST GRIEVANCE IN EARLY JUNE BECAUSE I WANTED TO SEE WHEN I WAS GOING TO BE SEEN. BUT I PUT IN MORE THAN A FEW MEDICAL REQUEST SLIP'S

MEDICAL CLINIC

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I WANT TO KNOW IF MY REQUEST SLIP'S ARE DOCUMENTED

ACTION THAT YOU ARE REQUESTING:

AND KEPT.

DETAINEE SIGNATURE: Randy Rounds

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 7/27/10

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C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Rounds First Name: Percy ID#: 2010-0109113

Is This Grievance An Emergency? YES ☐ NO ☒

C.R.W.'S Summary Of The Complaint: Detainee alleges lack of medical/dental

C.R.W. Referred Griev. To: Cermak Date Referred: 7/28/10

Response Statement: Detainee scheduled for 4/23/10, 5/3/10, 7/7/10, 8/17/10
apt for Dental

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 7/28/10 Div./Dept. C-118

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 08/05/10 Div./Dept. TEN

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 7/29/10 (N)

Date Detainee Received Response: 8/1/10 Detainee Signature: [Signature]

REQUEST FOR AN APPEAL

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 8/1/10

Detainee's Basis For An Appeal: Detainee was not notified of the appeal process

Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☒

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Detainee was not notified of the appeal process
by the Superintendent

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: 8/1/10 Detainee Signature: [Signature]

GRIEVANCE CODE(S): () () () ()

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